MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH 14665

PLACE OF DEATH			2. USUAL RESIDEN	CE (Where decess		itution: Residence	e before edmission)
e. COUNTY	mt	SER BUT REIN	. STATE Mary	land	b. COUNTY	Ousen	Anne's
b. CITY OR TOWN (if a		MARYLAND c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		limits, write RL		
write RURAL end gi	ive neerest town)				,	10	V-9
Chesterten		13 days		CTSA		17	. IS RESIDENCE
d. NAME OF HOSPITA	L OR INSTITUTION (if not in i	hospitel, give street address)	d. STREET ADDRESS				ON A FARM?
ent & Que	en Anne's H	espital	-				YES NO
NAME OF	First	Middle	Last	4. DATE	Month	Dey	Yeer
DECEASED (Type or print)	Louis	Holiday	Atkinson.Sr	DESTH	12	21	1961
SEX	6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	9. AC	GE (In years IF	UNDER 1 YEAR	IF UNDER 24 HRS.
	0.01		0/10/01	las	i birthdey) M	onths Deys	Hours Min.
Male	71111 0 0	WED DIVORCED	9/12/94		67yrs.	12 CITIZEN OF	WHAT COUNTRY?
	N (Give kind of work 10b.	, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Coun	ty & Stele, or fore	gn country)		
	d Trucking		Maryland			U.S.	Α
FATHER'S NAME			14. MOTHER'S MAIDEN				
Bradf	ford Atkinse	n.	Sarah	Jane Ho	liday		
		6. SOCIAL SECURITY NO. 17.			Address		-
es, no, or unkown) (Ify	es give war or dates of service)	210 8- 0/5/-	ouis H. Atk		lan / m .		
PART I. DEATH	ATH [Enfer only one cause power of the cause of the caused by the cause (a)		may them	Arrin	-		SET AND DEATH
140	DUE TO	2. 2. 2. 2. 7	and a clam	2111			
Conditions, if any,	1-2	armay an	DICE THE CALL	· ·			-
(e), steting the und	> DUE TO					1	
cause lest,							
PART II. OTHER S	SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVEN	IN PART 1(e) 19	PERFORMED?
genera	lessy artis	la un sul	11 cecur			Y	ES NO
200. ACCIDENT WAS	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	D. (Enter neture of injury in	Pert I or Pert II of	item 1B.)		
(IF EITHER, NOTIFY N							
20c. TIME OF INJURY Hour e.m.		1.	ACE OF INJURY (Home, farr ctory, street, office bldg., etc.		lown)	(County)	(Stete)
Hour e.m.		hile Not While work et work	a , , and any animo or agri, and				
p.m.	17		12-18	19 6/10	12.31	19/1/11	hat (I) (we) las
		ended the deceased from		40	•	/	
	d alive on	3/ 19.6/, and the	or death occured at a.	.M, Irom Ir	e causes an	on the da	22b. DATE
226. SIGNATURE	Let Wter		W.D.		STAFF		SIGNE
22c. PHYSICIAN'S NAME (Type)	ROBERT	W. FARR	22d. ADDRESS	Rester	town,	, Ind	
RUPLAL CREMATIO	N, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, lown	or county)	(Stete)
TEMOVAL (Specify)	1/7/62	16 -	0.30	(Bp.	motor	21	March
VK/KI	1/10/02	CRUM DI	25. 05	C'D BY REGISTRA	D Jah DECIS	TRAR'S SIGNAT	THE
ELINERAL DIRECTOR'S	SSIGNATURE	ADDRESS	·/1 7/2 250. KE	JAN 9 '6	0		
-dra-	1 Jane	huch The	DATE DATE		-	Lithur S. A	ratio

TC SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a few for the place 4 may be retained by the hospital or attending physician.

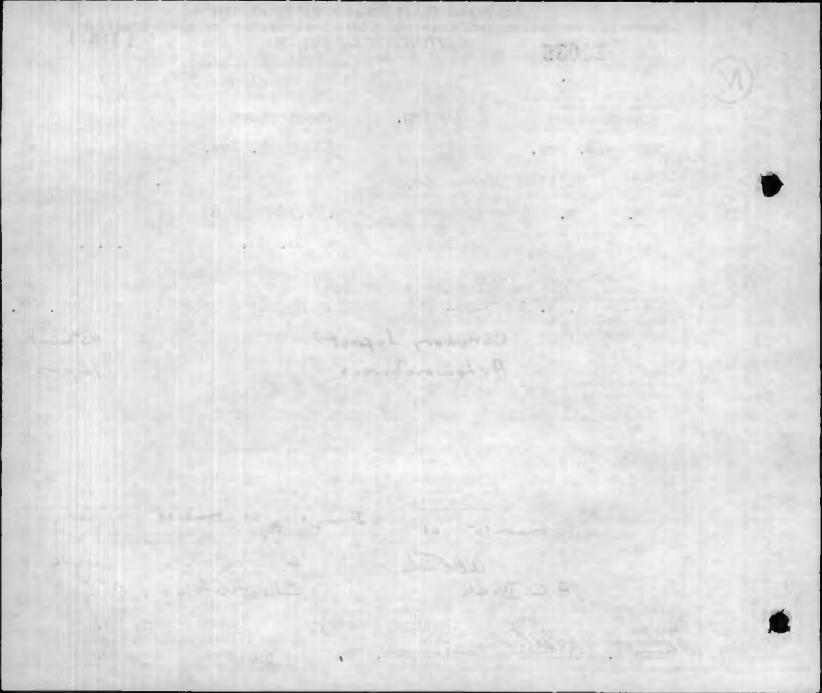
> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and the place of place of the place of place of the place of place of place of the place of the place of the place of place of the place of t

Delle Holsen Carterion 23 days Director Didators at each month & that 31 61 Legia of day (bilance 3: 40,00,6 tells white star w é. e matthews and sentents Pasting John Harrister inventable brothers in this are the meanage of the tone are the service A Carlo Mary and Carrow and the Carlo Mary and the TO DESCRIPTION OF THE PROPERTY OF THE PARTY grand for a set of it is an end from a DF 11 (78C) main herealth

MARYLAND	STATE DES	PARTMENT	OF	HEALTH

TOTAL I	TUID SIVIE DE	LWKIWEIII OL	41625.5411	
DIVISION OF STATISTICAL RESEA	RCH AND RECORDS	301 W. PRESTON	STREET, BALTIMORE 1	MARYLAND
DIVISION OF STATISTICAL RESEA	CERTIFICATI	E OF DEATH		14004

Ttem 8 Film G30	12/29/61 mh			
1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Whara deceased lived, If Institution, Residence	dence before edmission)		
Kent MARYLAND	s. STATE Maryland b. COUNTY Ken	t		
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end gi	ve nearest town)		
write RURAL and give neerest town) Chestertown 40 Yrs.	37 Chestertown			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE		
220 Wash. Ave.	220 Wash. Ave.	ON A FARM?		
3. NAME OF Shirst Middle		AES NOX		
(Type of print) William Norman Cooper	OF DEATH Dec. 15/6	1 19		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 1896 9. AGE (In years IF UNDER 1 YEA			
M. WIDOWED DIVORCED	Sept. 13. 1897/ 65 yrs. Months Dey	s Hours Min.		
100. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUS		OF WHAT COUNTRY?		
Dealer Machinery	Kent Co. Md. U.S	. A .		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
GeorgeNorman Cooper	Sarah Catherine Wood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address			
(Yes, no, or unkown) (Ifyesgivewerordalesofservice)	argaret Harris Cooper Cheste	rtown, Md		
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	agares marris sooper onesse	INTERVAL BETWEEN		
DART I DEATH WAS CALISED BY.		ONSET AND DEATH		
IMMEDIATE CAUSE (a) COPONARY IN	faret	75 humse		
420.1 DUE TO 0)		. 1		
Conditions, if eny, which) It rterioscleve	5525	10 years		
geve rise to immediate cause (a), steling the underlying DUE TO		,		
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0	PERFORMED?		
S ACCIDENT WAS UNDERLYING ET 1 201 DESCRIPE HOW INHIBY OCCUR	ED /Salas sature of latings in Doct to a Book II of Story 18)	YES NO 4		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO LA- OR CONTRIBUTING CAUSE OF DEATH IJF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stellar factory, street, office bldg., etc.)				
21. I certify that (I) (this hospital) attended the deceased from	January 1 1960, 10 Dreamler 15 , 1961	, that (I) (we) last		
saw the deceased alive on Breamon 13 1961, and the	at death occured at DM, from the causes and on the	date stated above.		
22e. SIGNATURE		22b, DATE		
appel	M.D. PHYS. MED. STAFF DIRECTOR PHYS.	12-16 - 6		
22c. PHYSICIAN'S	22d. ADDRESS			
NAME (Type) A.C. Dick	Chostertown, M	2		
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county)	(Stole)		
Burial 12/17/61 Chester C	Semetery Chestertown, Md			
24/14 MERAL TIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE		
Marin V. Williams Chestertown,	Md 4 0 101 (1 1/ 0 8			
	DATE DEC 19 61 Chumb.			



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) ny delay is necessary, i funeral director. Page fained for your files. e. COUNTY b. COUNTY Kent Marvland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) write RURAL and give nearest town] Rock Hall Chestertown Thour 10 min d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS he State B Kent & Queen Anne's Spring Cove 3. NAME OF Middle 4. DATE Month DECEASED (Type or print Joseph Allen Eugene Downey 2 with 5, SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH ould be executed within 24 hours after deal "in pencil in Item 18. Give Pages 1, 2, and 31 Office along with form PM3, Page 5 may burish-transit permit. File pages 1 and 2 with moval, and in any event within 72 hours af Male DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slete or foreign country) done during most of working life, even if retired) Factory Worker Food 13. FATHER'S NAME John Wesley Downey Hynson Ellen Mary 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: Pulmonary edema and 2nd & 3rd degree burns the total body area removal. iesse execute the certificate, writing the word "bending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a briting designated agent, prior to burief, cremation, or remain PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARE OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) PUTY MEDICAL EXAMINER: CAUSE OF DEATH. See above Month, Day, Yser 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) Not While fectory, street, office bldg., etc.) et work et work home Rock Hall. 21. I certify that I took charge of the remains described above, held an Autopsy ... Accident X Natural causes Suicide Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Robert W. Farr, M. D. NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOI NAME OF CEMETERY OR AREMATORY OF VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

Kent n. IS RESIDENCE ON A FARM?

YES NO Dev Year

> 19 61

DEATH December 11

9. AGE (In years | IF UNDER 1 YEAR | **FE UNDER 24 HRS.** lest birthday) 12. CITIZEN OF WHAT COUNTRY?

Mrs. Eva Lee -- Chestertown, Maryland

2hr 15 min He was thought to have been drinking. He was found in a burning room lying in bed. He was removed 8 P.M.

died in Kent & Queen Anne Hosp, about 2 hours later.

PERFORMED? NO X

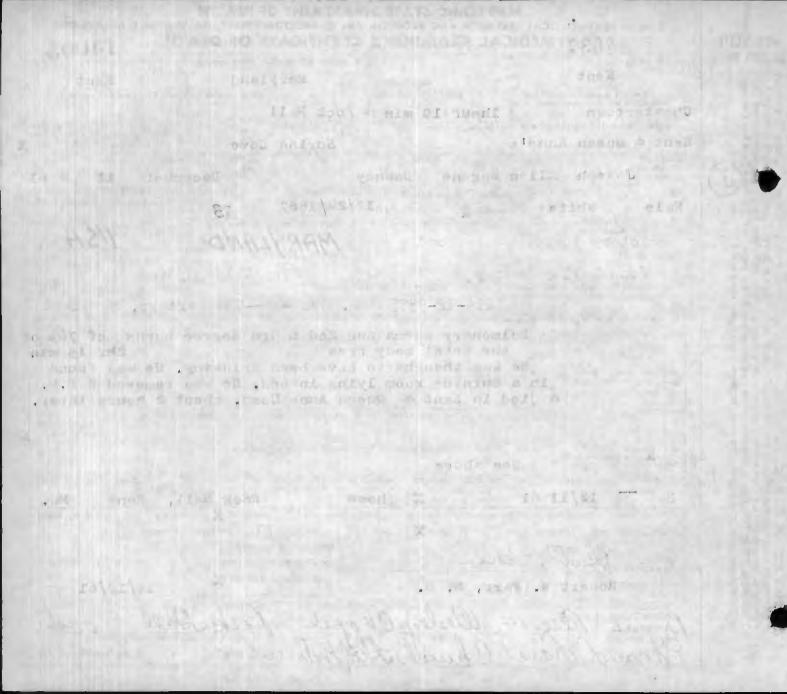
(County) (Stete) Kent Md ..

Inspection X , Inquiry Undetermined manner and in my opinion

DATE SIGNED

12/12/61

(State)



Least Amay be retained by the hospital or attending physician.

CALUNERAL DIRECTOR: After this certificate has been signed by the attending physician and can be executed within 24 hours after the serificate has been signed by the attending physician and can be sell filled in by the funcated recovery page 3 should be detached for use as the burial-transit permit. Then please semove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours effer death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH 14006

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission)		
Kent MARYLAND	•. STATE Maryland b. COUNTY Kent		
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest lown)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)		
	in .37 Chestertown		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?		
Kent & Queen Anne's Hospital	202 College Avenue		
3. NAME OF First Middle DECEASED	Last 4, DATE Month Dey Yeer OP		
	Gleaves DEATH 12 31 19 61		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.		
Male Negre WIDOWED DIVORCED	11/15/92 lest birthdey Months Deys Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working tife, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
Laborer Poultry farm Poultry	Maryland U.S.A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Samuel Gleaves	Mary Hester Riley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no, or unkown) (Ifyesgive wer or detesof service)	INFORMANT Rural Kennedyville Md.		
	Hewter Gleaves, sister		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: Profeste lume	hopnemonia 2WBs		
4-01 X DUE TO			
Conditions, if any, which (b)			
geve rise to immediate cause [a], staling the underlying DUE TO			
cause lest. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR FITTER NOTIFY MEDICAL EXAMINER!	YES NO		
200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Pert I or Pert II of item 18.)		
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)		
Hour e.m. While Not While p.m. 19 al work et work	Wift and of the order, area		
21. I certify that (I) (this hospital) attended the deceased from.	1-2-3/ 196/, to 12-3/ 19 that (1) (we) last		
	I death occured at		
220. SIGNATURE	ATTENDING MED. STAFF SIGNED		
Khurt W Leur "	A.D. PHYS. DIRECTOR PHYS.		
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS		
Robert W.Farr	Chestertown Md.		
230. BURTAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, lown or gounty) (Stete)		
Denial An 4/962 More the	allower Roma Galera med		
24 FUNERAL DIRECTOR'S SOCIATURE ADDRESS	25. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		
Caward Tellowor Millinger	DATEJAN 5 '62 1 lun & Kroue		

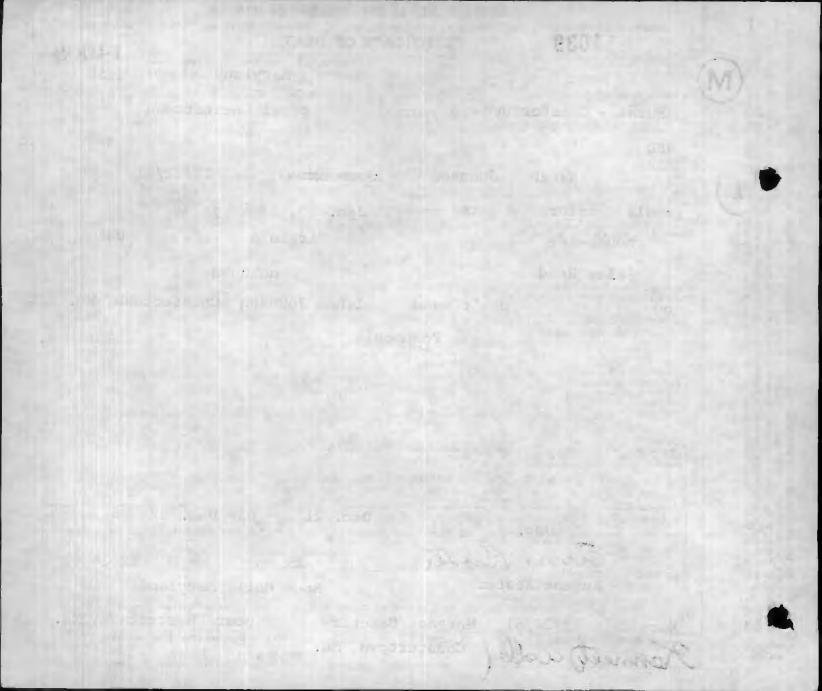
15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 14000

1. PLACE OF DEATH II. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (Where e. STATE Maryla		tution: Residence before admission) Kent
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural - Chesterto	wn 5 years	c. CITY OR TOWN (If outside or rural Ch	orporete limits, write RU lestertown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS		a, IS RESIDENCE ON A FARM?
RFD				Dev Yeer
3. NAME OF First DECEASED	Middle	Last 4, DAT	10/00/	61
Dorrow		REMEMBER DEA		
female colored wide	RRIED NEVER MARRIED DIVORCED DIVORCED	Jan. 10, 1886	9. AGE (In yeers IF) lest birthdey) M	UNDER 1 YEAR IF UNDER 24 HRS. onths Deys Hours Min.
	DE. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State,	or loreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Virginia		OSA
13. FATHER'S NAME	V-7	14. MOTHER'S MAIDEN NAME		
Salas Redd		unkno	own	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unkown) (Ifyes givewer or dates of service)	on't know	Isham Johnson	Chester	town, Md. RFD
18. CAUSE OF DEATH [Enter only one couse				ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Pneumon	ia		36 Hrs.
DUE TO				77
Conditions, if any, which			T. Company	
geve rise to immediate cause				
(a), stating the underlying ceuse lest.				
	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TENNING CONTRIBUTION OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Parl I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Parl I or Pert II of item 18.) 20e. TIME OF INJURY Medical Examiner. 20e. TIME OF INJURY Month, Dey, Year While Not While of work at work to start of the tenning to				
				21. I certify that (I) (this hospital) a saw the deceased alive on Dec.
220. SIGNATURE ENGLY !	PS. to.	ATTENDING MED. PHYS. DIRECTOR	STAFF	12/24/61 22b. DATE SIGNED
PHYSICIAN'S NAME (Type) Eugene Kest	ter	Rock Hall	, Marylar	nd
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 12/26/61	Morgnec Cer		ear Cheste	ertown, Md.
24 SUNERAS DIRECTOR'S SIGNATURE	Chesterton	DEC DECID AN DE	GISTRAR 25b. REGIS	TRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH NFMITH DERT. 1. PLACE OF DEATH 2. IJSUAL RESIDENCE (Where deceased lived, if institution a. COUNTY Kent a STATEMAI yland **b.** COUNTY director, Page Kent MARVIAND b. CITY OR TOWN (if outside corporate limits, Le. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) rained for your write RURAL and give neerest town) 35 yrs Worton d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Rural, Worton , Md. R. D. 3. NAME OF Middle 4. DATE DECEASED (Typa or print) Annie DEATH Mason 24 1961 after death 7,2, and 3 99e 5 may 1 1 and 2 72 hours 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS. last birthdey) Female. Sept. 29,1869 WIDOWED X DIVORCED [should be executed within 24 hours after 9" in pencil in Item 18. Give Pages 1, 2, 3 office along with form PM3. Page 5 s Office along with form PM3. Page 1 and 100. USUAL OCCUPATION (G ve kind of work 106 KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife homemaking Worton, Kent Co... Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August Alfenze Rogers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address Mrs. Hope H. Dill, Worton, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN <u>.c</u> not Probable Coronary Thrombosis IMMEDIATE CAUSE (a) DUE TO known Coronary arterio sclerosis Deceased had not been well for a number of years & gave rise to immediate cause execute the certificate, writing the word "pending lid be forwarded to the Chief Medical Examiner' NERAL DIRECTOR: Page 3 should be used as designated agent, prior to burial, cremation, or presidents appeared to be no worse when she went to bed nite of 12/23/ PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 61 She was found dead in bed the morning of 12/24/61. PERFORMED? но 🔐 20b. DESCRIBE HOW INLURY OCCURED, (Enter nature of injury in Part I or Part II of stam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | see abeve 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or fewn) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, streat, office bldg., atc.) Not While 12/24 19 61 at work at work x 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry and in my opinion Natural causes V. Accident Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 12/26/61 DEPUTY MEDICAL EXAMINER EXAMINER'S Robert W. Farr, M. D. Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 228. BURIAL, CREMATION, 226. DATE THEREOF Burial [Specify] Chaster Cemetery Chostertown, Maryland g 40 EUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME Williams, Chestertown, Md. 5M 7/59 CIrclan S. Flraus

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 9/60

AR A MARKE A A SEC.	A	THE RESIDENCE OF THE PARTY OF T	OB	REST A R SHEET
MARYLAND	STAIR	DEPARTMENT		REALIE
NAME OF TAXABLE PARTY.	O I POLICE	the last to the state of the st		

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14041 CERTIFICATE OF DEATH

14009

1	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
	Kent MARYLAND	Maryland Kent					
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)					
	rural - Chestertown lifetime	Rural Chestertown					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
	At Home - rural Chestertown , Md						
	3. NAME OF First Middle	Lest 4. DATE Month Day Yeer					
	(Type or print) Harry R. NICOLS	DEATH 12/19/61 19					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min.					
	male white widowed Divorced	1/21/1884 77 yrs. Months Devis Months					
	10e. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)						
	Farmer owner	Kent CO. Maryland USA					
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Henry Nicols	Emma Blackiston					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11 (Yes, no, or unknown) [(Ifyes give war or detes of service)	NFORMANT Address					
	no none M	iss Bessie Nicols - Chestertown, Md.					
	18. CAUSE OF DEATH [Enter only one couse portine for [a], [b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) UMMENT	Edenea					
	422.1 DUE TO (2)						
	Conditions, if eny, which (b) arty vacci	Conditions, if eny, which) (b) (AALL) VACULOY					
	geve rise to immediate couse (a), stating the underlying DUETO	- 1					
	cousa lost. (c) when alley	sia					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONSIDER TO DEATH 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH Off EITHER NOTIFY MEDICAL EXAMINER	low seleveros Results. YES NO .					
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pert I or Pert III of item 18.)					
	Garden Control of Cont	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, streat, office bldg., etc.)					
	Hour a.m. p.m. 19 at work at work						
	1956, to Dec 19, 1961., that (1) (we) last						
	saw the deceased alive on ALC 18 19 1, and that	death occured at					
	275) SIGNATURE O SAFT	ATTENDING MED. STAFF 10/00/63 SIGNED					
	Motor Church	D. PHYS. KK DIRECTOR PHYS. 12/20/61					
	NAME (Type) Norbert C. Nitsch	Rock Hall, Maryland					
	And the second s						
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)						
	Burial 12/22 /61 St. Paul Co						
1	24 FUNDRAL DIRECTOR'S SIGNATURE Chestertown	Md 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE					
	J. College Cilles Court, It. DATEC 26'61 October 18 Marie						

4 2 17 1 The second of th A reason of the property of the second of the The state of the s Strate Company - State 90. Mary Assault which is a seath, the site is well The second of th and the A restault the state of the s

FUNERAL director, O VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 14042 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY Maryland b. COUNTY Kent Kent MARYLAND b. CITY OR TOWN (if outside corporate limits.

SEVEN OF TAY IN 16 write RURAL and give nearest town) Chestertown vears - Chestertown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast lown) (Fairlee) e. IS RESIDENCE ON A FARM? (Fairlee) At home Chestertown YES NO XX NAME OF Middle 4. DATE Month DECEASED P . Sisco Mary Dec. 28, 1961 DEATH (Typa or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthday) Months female colored WIDOWEDXX DIVORCED Nov. 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, avan if ratirad) USA Kent Co. Md. Housewite 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas Parker Trusty Eliza 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgivawarordatasofsarvica) Chestertown, Md. (Fairlee) Edna Miller no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) Short PART I. DEATH WAS CAUSED BY: Carcinoma of Stomach IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immadiata causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NOXIX 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stata) 20r. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) Month, Day, Year factory, streat, offica bldg., etc.) While Not While Hour a.m. at work at work Dec. 21. I certify that (I) (this hospital) attended the deceased from...... to deceased from 1994, that (1) (we) last AM, from the causes and on the date stated above. 27 on Dec. saw the deceased alive

22a. SIGNATURE SIGNED 12/29/61 DIRECTOR PHYS.

NAME OF CEMETERY OR CREMATORY

PHYS. 22c. PHYSICIAN'S Eugane Kester NAME (Typa)

1961

Rock Hall, Md.

23d. LOCATION (City, town or county) Cem, near Chestertown, Md.

238. BURIAL CREMATION, 235. DATE THEREOF Dec. 30, (col) Fairlee FUNERAL DIRECTOR'S SIGNATURE Chestertown, Md.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE anthon S. Thous

M. The Control of the Control 110 The state of the s